

STATE USE ONLY Ck # _____ Amt \$ _____
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## STATE OF MAINE

### COMMISSION ON GOVERNMENTAL ETHICS & ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Phone: (207) 287-6221 Fax: (207) 287-6775

Website: [www.maine.gov/ethics](http://www.maine.gov/ethics)

Electronic Filing: <http://mainecampaignfinance.com/public/home.asp>

### 2006-2007 LOBBYIST/EMPLOYER JOINT REGISTRATION

The lobbyist/employer joint registration form and registration fee are due in the Commission office no later than 15 business days after the point at which the lobbyist has lobbied more than 8 hours in a calendar month. The registration fee is \$200 for lobbyists and \$100 for lobbyist associates. Please make checks payable to Treasurer, State of Maine. A penalty of \$200 may be assessed for every month the registration is filed late (3 M.R.S.A. § 319).

1.

Lobbyist Name	
Business Address	Telephone
City, State, Zip Code	E-mail
Alternate E-mail Address to Receive Monthly Filing Reminders	Fax

2.

Employer Name	Principal Contact Name	
Business Address	E-mail	
City, State, Zip Code	Telephone	Fax

3. Please list the names of lobbyist associates.


4A. Indicate the date when lobbying commenced, or is expected to commence.

4B. Indicate the date when lobbying first exceeded 8 hours in any calendar month.

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5. Specify the amount of compensation that the lobbyist will receive for the lobbyist's services or, if an exact amount is unascertainable, the basis upon which the lobbyist will charge for those services.

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6. Indicate the primary nature of the business of the person employing the lobbyist by checking ONE category below.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Accounting          | <input type="checkbox"/> Environment            | <input type="checkbox"/> Insurance                | <input type="checkbox"/> Religious                    |
| <input type="checkbox"/> Agriculture         | <input type="checkbox"/> Firearms               | <input type="checkbox"/> Labor Union              | <input type="checkbox"/> Retail Sales                 |
| <input type="checkbox"/> Alcoholic Beverages | <input type="checkbox"/> Food processing/sales  | <input type="checkbox"/> Legal                    | <input type="checkbox"/> Telecommunications           |
| <input type="checkbox"/> Banking/Finance     | <input type="checkbox"/> Food Service           | <input type="checkbox"/> Media                    | <input type="checkbox"/> Tobacco                      |
| <input type="checkbox"/> Biotechnology       | <input type="checkbox"/> Forest Products        | <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Tourism                      |
| <input type="checkbox"/> Business            | <input type="checkbox"/> Government             | <input type="checkbox"/> Motor Vehicle            | <input type="checkbox"/> Transportation               |
| <input type="checkbox"/> Commerce            | <input type="checkbox"/> Health Care            | <input type="checkbox"/> Natural Resources        | <input type="checkbox"/> Utilities                    |
| <input type="checkbox"/> Construction        | <input type="checkbox"/> Human Services         | <input type="checkbox"/> Public Interest          | <input type="checkbox"/> Wagering/gaming              |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Industry/Manufacturing | <input type="checkbox"/> Real Estate              | <input type="checkbox"/> Waste Management             |
| <input type="checkbox"/> Energy              | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Recreation/Entertainment | <input type="checkbox"/> Women's/ Reproductive Issues |
|  | <input type="checkbox"/> Other _____            |   | <input type="checkbox"/> Workers' Compensation        |

We, the undersigned, hereby swear or affirm that the information contained in this registration is true and complete, and that no information is knowingly withheld.

\_\_\_\_\_  
Signature of Lobbyist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

Sworn falsification is a Class D crime (17-A MRSA Section 453).